

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
YUUKA

2. Surname (Last Name)
SHIBATA

3. Date
19-April-2016

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Injury due to extravasation of thiopental and propofol: risks/effects of local cooling/warming in rats

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. SHIBATA has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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Section 1. Identifying Information

1. Given Name (First Name)
YUMEKA

2. Surname (Last Name)
SAGARA

3. Date
15-April-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
YUUKA SHIBATA

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Dr. SAGARA has nothing to disclose.

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1. Given Name (First Name)
HIROAKI

2. Surname (Last Name)
MATSUO

3. Date
19-April-2016

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☐ Yes ☒ No

Corresponding Author's Name
YUUKA SHIBATA

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Dr. MATSUO has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
MICHIIHIRO

2. Surname (Last Name)
HIDE

3. Date
31-March-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
YUUKA SHIBATA

5. Manuscript Title

Injury due to extravasation of thiopental and propofol: risks/effects of local cooling/warming in rats

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Dr. HIDE has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

KATSUNARI

2. Surname (Last Name)

OGAWA

3. Date

13-April-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

YUUKA SHIBATA

5. Manuscript Title

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Dr. OGAWA has nothing to disclose.

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1. Given Name (First Name)
KENJI

2. Surname (Last Name)
KIHIRA

3. Date
19-April-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
YUUKA SHIBATA

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Dr. KIHIRA has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

MAIKO

2. Surname (Last Name)

TANAKA

3. Date

19-April-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

YUUKA SHIBATA

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Dr. TANAKA has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
RYO

2. Surname (Last Name)
ITAMURA

3. Date
15-April-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
YUUKA SHIBATA

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Section 1. Identifying Information

1. Given Name (First Name)
TOMOHARU

2. Surname (Last Name)
YOKOOJI

3. Date
18-April-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
YUUKA SHIBATA

5. Manuscript Title

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1. Given Name (First Name)
TAKANORI

2. Surname (Last Name)
TAOGOSHI

3. Date
11-April-2016

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☐ Yes ☒ No

Corresponding Author's Name
YUUKA SHIBATA

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